

# Ebola: Frequently Asked Questions for Health Care Workers

*Updated December 11, 2014*

- **What is a hospital responsible for if a suspected Ebola case presents at their facility?**
  - Each hospital needs to be prepared to identify, isolate and appropriately care for a suspected Ebola case for the period between patient arrival and transfer to a bio-containment or other treatment facility arranged with the assistance of KDHE if necessary. At a minimum this period will be from the time the patient presents until the confirmatory tests are completed. Confirmatory testing may not be effective until 72 hours after the patient becomes symptomatic. Hospitals should follow the enhanced Personal Protective Equipment for contact and droplet precautions as outlined in the Kansas Ebola Virus Preparedness and Response Plan.

## ***Assessment and Diagnosis***

- **What should a health care facility do if a risk assessment for a patient shows travel history and symptoms of Ebola?**
  - If a patient who has travel history within the last 21 days to one of the affected countries in West Africa (Guinea, Liberia, Sierra Leone, Mali) **AND** is showing symptoms of Ebola, immediately isolate the patient in a private room with a bathroom and wear the recommended protective equipment. The facility is required to notify KDHE within 4 hours of a suspected case. KDHE and CDC will work through the case history and arrange for testing and confirmation.
- **Our facility is unable or unwilling to take someone who is suspected of having Ebola.**
  - Turning a suspected case of Ebola away from your facility would be considered a violation of the Emergency Medical Treatment and Active Labor Act (EMTALA). Consider how your facility would manage transfer arrangements to another facility if a positive case was seen in your facility's Emergency Room before it was determined the patient had a positive travel history.
- **If someone calls to request an appointment with a health care provider and reports flu-like symptoms, can the risk assessment for Ebola be administered at that time?**
  - Yes. If the individual has a positive travel history and symptoms of Ebola, gather his or her contact information and instruct the person to seek care at the nearest emergency room. Then immediately notify KDHE and the referred facility.
- **As a small health care provider, if a patient presents with symptoms and a relevant travel history or exposure to a case here what would you recommend we do next?**
  - Isolate that patient from others; provide them a face mask and surgical gown. We would ask that you call KDHE at 1-877-427-7317 with all pertinent information gathered from the patient as soon as possible. Next you should contact the hospital and let them know you are sending a self-transported patient to them that is possibly symptomatic for Ebola and has a relevant travel or exposure history. Decontaminate the room you placed them in once donning appropriate PPE and secure it from use until the surfaces have completely dried following the decontamination with appropriate anti-viral agent.
- **Once a person develops a fever, how long before other symptoms develop – is there any kind of order these symptoms develop?**
  - Humans are not infectious until they develop symptoms. First symptoms are the sudden onset of fever, fatigue, muscle pain, and headache. This is followed by

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vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising. If you have any additional question please contact the epidemiology hotline at 1-877-427-7317 or email [response2014@kdheks.gov](mailto:response2014@kdheks.gov).

- **If a patient is determined to be at a high risk for Ebola should staff discard clothes or can they be bagged and laundered?**
  - Until such time as the patient is ruled out or confirmed as being infected with Ebola the clothing should be treated as Ebola contaminated waste. The waste can be appropriately stored until the diagnosis of Ebola is made. At that time the waste will need to be characterized accordingly and handled as appropriate according to the Kansas Ebola Virus Preparedness and Response Plan. A fact sheet about Ebola contaminated waste is available at [www.kdheks.gov/ebola](http://www.kdheks.gov/ebola).
- **If a patient is suspected of having Ebola should the patient be taken to a decontamination shower before providing further care?**
  - That is not necessary and we discourage this practice.
- **How should school nurses deal with a potential case of Ebola?**
  - We recommend that school nurses use the Risk Assessment in Appendix 1 of the Kansas Ebola Virus Preparedness and Response Plan (available at: [www.kdheks.gov/ebola](http://www.kdheks.gov/ebola)) to assess the likelihood of a student's symptoms being related to possible Ebola. As always, precaution and appropriate PPE should be utilized when conducting this assessment. Outpatient settings that may be the first to see a patient need to determine how they can obtain the risk assessment information and limit their direct contact with the patient. If the history appears positive, immediately isolate the patient and don appropriate PPE. If a patient is not actively suffering from vomiting and diarrhea, initial patient assessment could be conducted with double gloves, isolation gown, surgical mask and face shield. If there is any nausea with vomiting and/or diarrhea, the enhanced PPE as outlined in the Kansas Ebola Virus Preparedness and Response Plan should be followed. Remember to deal with any waste and environmental infection control appropriate which is also in the KDHE Response Plan.
- **How should a local health department deal with a potential case of Ebola?**
  - We recommend that Health Departments use the Risk Assessment in Appendix 1 of the Kansas Ebola Virus Preparedness and Response Plan (available at: [www.kdheks.gov/ebola](http://www.kdheks.gov/ebola)) to assess the likelihood of a patient's symptoms being related to possible Ebola. As always, precaution and appropriate PPE should be utilized when conducting this assessment based on the history and patient's presenting symptoms.

### ***Personal Protective Equipment (PPE)***

- **How can small hospitals in Kansas protect their frontline staff from exposure to Ebola?**
  - Hospital staff should wear protective gloves and mask, and remain at least 3 feet away during the initial risk assessment of a patient with Ebola-like symptoms. If the patient has a positive travel history to an area affected with an Ebola outbreak or has exposure to an Ebola patient, immediately isolate the patient in a private room with a bathroom with the door to the hallway closed, secure how people enter and exit the room, and do not enter without wearing appropriate personal protective equipment.

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- **Does KDHE have a recommended list of PPE?**
  - Recommended PPE is listed in Appendix 4 of the Kansas Ebola Virus Preparedness and Response Plan. A PPE guideline factsheet is also available at [www.kdheks.gov/ebola](http://www.kdheks.gov/ebola).
- **Would any personal protective equipment used by laboratory staff in the collection and preparation of a sample for shipping be considered hazardous waste, or could it be treated like any other lab, medical waste?**
  - All PPE needs to be treated through an autoclave before being disposed of as Category B Regulated Medical Waste. If it is not autoclaved the waste must be treated as hazardous waste and would need to be handled and disposed of through a permitted hazardous waste hauler and disposal facility. Please refer to the Kansas Ebola Virus Preparedness and Response Plan under the autoclave guidelines for the sterilization of Ebola waste. After appropriate treatment the waste can be handled as Category B Regulated Medical Waste for final disposition.
- **If a patient comes into the ER and after placement into the room we find the patient is suspect for Ebola based on the screening criteria, do the staff exposed need to remove their potentially contaminated clothing and then decontaminate in our decontamination shower?**
  - It is recommended that ER's determine how to best screen to assess if a patient presents and has a positive travel history from the affected West African countries within the last 21 days. This should help limit the amount of time a patient would be in a waiting area or before staff would have contact with them without being in the appropriate PPE. It is also recommended that intake staff and staff involved in the initial screening process maintain a safe distance (more than 3 feet) from the patient during this time. If during the screening staff makes direct contact with any bodily fluids they need to immediately go and wash the exposed area with soap and water. Any materials that come in contact with bodily fluids need to be treated as possible Ebola contaminated waste in a manner consistent with the Kansas Ebola Virus Preparedness and Response Plan.
- **Should hospitals provide scrubs for their staff to wear under their PPE while caring for an Ebola patient?**
  - While that is not recommended in the plan consideration should be given to the clothing needs of staff that will be providing care for the patient. The best practice is for staff to fully disrobe and put on clean clothing prior to donning their PPE. Upon exit after doffing the PPE, staff has fully disrobed and gone through a decontamination shower prior to redressing outside of the care area.
- **After doffing PPE are the scrubs beneath the PPE able to be laundered regardless if they are the facilities or the nurse's personal scrubs?**
  - If the facility is utilizing the Tier 2 PPE as described in the Kansas Ebola Virus Preparedness and Response Plan, and doffing appropriately they will enter the clean area with very little chance of contamination on their clothing. Still, the scrubs should be collected in biohazard bags, the outside wiped with disinfectant and placed where facility staff trained to use appropriate level of PPE can carry to be laundered. They must open and handle the clothing in appropriate PPE and place in the washer (keeping in mind all surfaces this clothing touch must be disinfected). The empty biohazard bag should be disposed of in another biohazard bag and discarded as regular medical waste. For any facility using less than the Tier 2 level of PPE, any material worn in the treatment area

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must be considered Ebola contaminated waste and should be handled in accordance with the Kansas Ebola Virus Preparedness and Response Plan.

- **What is the process for requesting the PPE cache from KDHE?**
  - As with all requests for state-provided resources, you first have to demonstrate that you've exhausted all other options. To that end, please first confer with your community and regional partners to assess the availability of PPE for your needs. If less than an adequate supply is available, next, please work to secure ordering PPE from your usual vendors. If what you need is not currently available, then you could make a request for specific PPE makes and models (potentially from the state cache) through your local emergency manager. That request will be sent by local emergency management to the State Emergency Operations Center, then will be passed along to KDHE.
- **Is KDHE going to be conducting PPE training?**
  - KDHE is in the process of identifying PPE training resources. You can also find the PPE donning and doffing checklists on the KDHE Ebola webpage here: [www.kdheks.gov/ebola](http://www.kdheks.gov/ebola).

### *Isolation*

- **If health care workers are part of a dedicated Ebola care team and are considered a high risk exposure, are they required to be in one quarantine location for 21 days?**
  - Health care workers would undergo a risk assessment to determine what level of monitoring they require.
  - Health care workers who are working as part of a dedicated care team should be using the Tier 1 level PPE as described in the KDHE Response Plan because the risk of becoming infected by Ebola is much less likely. Therefore, healthcare workers in the Tier 1 level PPE would not have restricted movements but would be required to monitor the temperature and symptoms, ending 21 days after their last contact with a known Ebola patient. Members of the care team using less than the Tier 1 PPE would be subject to active monitoring and restricted movement (required to stay at home and not have visitors) during care and for 21 days following the last exposure. Again, if healthcare workers wear the Tier 1 recommended level of PPE as defined by the KDHE PPE guidelines (available at [www.kdheks.gov/ebola](http://www.kdheks.gov/ebola)) they are exempted from the 21-day restricted movement period. Active temperature and symptom monitoring and a prohibition on travel by commercial conveyances will still apply to these Ebola care team members using Tier 1 PPE. Healthcare workers who wear less protective levels of PPE, are required to be subject to active monitoring and restricted movement (required to stay at home and not have visitors) during care and for 21 days following the last exposure.
- **What can small hospitals do if they have limited staff and are exposed to a patient suspected of having Ebola?**
  - KDHE has identified volunteer health care workers across the state and has established and continues to work to identify volunteers for Regional Medical Bio-Response Teams. Teams would deploy to assist local facilities that receive a patient with Ebola when requested by those facilities and their duties would depend on their skills, credentials and training. KDHE additionally has identified a Bioresponse Strike Team comprised of KDHE staff that would be able to provide technical assistance to and help identify resources for a facility with an Ebola patient. CDC will also provide a response team to assist states and local health care facilities.

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- **Are staff that care for a confirmed Ebola patient required to be excluded from direct patient care for 21 days from last contact?**
  - Yes, that is correct for those who have not worn Tier 2 level of PPE and had direct contact with the patient. For health care workers who wear Tier 2 level of PPE, they will be instructed to continue to monitor their temperature and symptoms for 21 days after their last contact with an Ebola patient. Each facility will likely determine their level of comfort with healthcare workers moving from caring for an Ebola patient in Tier 2 PPE to another area of the facility and providing direct patient care.

### *Treatment*

- **Will Kansas be setting up a designated Ebola Treatment Center?**
  - This possibility is currently being explored by KDHE. Updated information will be provided at that time.

### *Training*

- **What training is available for health care workers?**
  - KDHE is in the process of developing training materials on PPE donning and doffing. KDHE has also developed materials for hospitals and public health officials to do an Ebola tabletop exercise to explore how they will handle a variety of issues based on their current plans and we feel this is important to do to help improve those plans.

### *Testing*

- **Will the Kansas Health and Environmental Laboratory (KHEL) perform the test for Ebola?**
  - KHEL is interested in taking on that capability, but it is not available at this time. In order to become a regional testing site CDC approval is required and we have to determine if the physical layout and staff capabilities make this possible. Turnaround time for the initial test would improve, however final confirmation of a positive test would still come from the CDC.
- **How can a hospital make sure the supplies needed for properly gathering a sample for Ebola testing are available?**
  - The Kansas Health and Environmental Laboratory can assist with supplies and collection management of an appropriate sample for testing. The shipping guidelines are included in the Kansas Ebola Response Plan in Appendix 5.
- **What type of specimen is needed to test for and confirm Ebola in a patient?**
  - Ebola virus is detected in blood only after the onset of symptoms, usually fever. It may take up to 3 days after symptoms appear for the virus to reach detectable levels. Virus is generally detectable by real-time RT-PCR from 3-10 days after symptoms appear.
    - Specimens ideally should be taken when a symptomatic patient reports to a healthcare facility and is suspected of having an Ebola exposure. However, if the onset of symptoms is <3 days, a later specimen may be needed to completely rule-out Ebola virus, if the first specimen tests negative.

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- A minimum volume of 4mL whole blood in plastic collection tubes can be used to submit specimens for testing for Ebola virus.
- For more information, please visit the following website:  
[Interim Guidance for Specimen Collection, Transport, Testing, and Submission for Patients with Suspected Infection with Ebola Virus Disease | Ebola Hemorrhagic Fever | CDC](#)
- **It appears that the FDA is close to approving the BioFire Defense Platform for Ebola testing. Do you know if KDHE is considering bringing a BioFire online for this purpose?**
  - KDHE does not have plans to purchase a BioFire testing platform at this time. All testing of a possible Ebola virus sample must be done in coordination with KDHE and CDC and the confirmatory testing must be done at a laboratory designated by CDC as part of their Laboratory Response Network.
- **Performing some required labs on a suspected Ebola patient may not only void warranties on equipment, but may contaminate a lab so that it may not continue normal operations, does KDHE have any recommendations?**
  - Laboratory testing for patients with suspected Ebola should be limited to those tests necessary, such as traditional chemistry, hematology, or other laboratory testing used to support and treat patients. Some facilities are utilizing backup laboratory equipment which they are relocating to the point of care. If EVD is confirmed, CDC and KDHE will consult with you to answer questions on specimen handling and testing specific to the patient's needs and your facility capabilities. KDHE is also looking into having mobile laboratory equipment that could be deployed if Kansas has an EVD positive patient.

### **Waste Management**

- **If a facility does not have an autoclave or incinerator, how should they handle waste?**
  - It would need to be handled as a hazardous waste. The Ebola Response and Preparedness Plan, which can be found at [www.kdheks.gov/ebola](http://www.kdheks.gov/ebola), contains specific requirements on storage, shipment and management of those materials. KDHE Bureau of Waste Management staff can assist you with working through those plans and management strategies. Please contact Bill Bider at 785-296-1612 or [wbider@kdheks.gov](mailto:wbider@kdheks.gov).
- **Please confirm whether or not Kansas is allowed to transport Category A materials, specifically large and bulky items, prior to being autoclaved.**
  - Some contaminated or potentially contaminated items that cannot be appropriately cleaned and disinfected may be large and unable to be treated in an autoclave or packed into the approved DOT shipping containers without size reduction. Items may include things such as bedding, chairs, mattresses, etc. It will be necessary to reduce the size of such items using mechanical procedures. Prior to that, appropriate PPE should be donned. Also, the surfaces of these items must first be treated with a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus (e.g., norovirus, rotavirus, adenovirus, poliovirus) or a solution of 0.5% chlorine concentration (1:9 bleach solution). Note: 1:9 bleach solution is caustic. Avoid direct contact with skin and eyes. Prepare the bleach solutions in a well-ventilated area. Care must be taken to avoid exposures and the additional spread of contamination during these steps. All items being prepared for delayed on-site treatment

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or off-site shipments must be placed in rigid containers that are no larger than 55-gallon drums or larger over-pack containers. For additional questions, please contact Bill Bider at 785-296-1612 or [wbider@kdheks.gov](mailto:wbider@kdheks.gov).

- **Does KDHE have a cache of waste management equipment?**
  - KDHE encourages facilities to collaborate with regional health and medical partners to pool funds to buy and store a regional cache of waste management equipment.

### ***Transporting***

- **What if a health care facility needs to transport a patient suspected of having Ebola?**
  - KDHE is entering into an agreement with MERGe to transport suspected and confirmed Ebola patients between healthcare facilities. MERGe is equipping two ambulances with proper equipment to transport infectious patients. To access this resource, contact the KDHE Epi Hotline at 1-877-427-7317.
- **If we are unable to transport the suspect or positive case to a more fitting facility what is the process for in-house patient transfers to get the patient to our negative air-flow room. I know the bio-containment units and larger facilities have the isolation bubbles, this is not something we have and I want to ensure the staff in our facility is as protected as they can be. Does there need to be two fully PPE protected staff members outside the contaminated room to transfer them down the hall, what should the patient wear?**
  - It is recommended that the hospital determine the most protective plan for intra-hospital transport based on their available resources. At a minimum staff performing the transport should have appropriate PPE and the halls used to transport the patient should be cleared of all staff, patients, and visitors during the transport process. The patient should have the clothes they came in with on until they can be allowed to change in the most protective environment available. Main goal is to prevent bodily fluids from contaminating surfaces along the route during the transfer.

### ***Fatality Management***

- **What is the process for dealing with the remains of someone who has died from Ebola?**
  - KDHE has adopted the CDC guidance on the handling of human remains of a deceased Ebola virus patient. KDHE guidelines for PPE will apply to any person handling infected human remains. CDC guidance is available at the following website: [Guidance on Safe Handling of Human Remains of an Ebola Patient in U.S. Hospitals and Mortuaries | Ebola Hemorrhagic Fever | CDC](#).

### ***Additional Resources and Communication***

- **Are there communication tools available for local health departments and health care facilities?**
  - Yes, KDHE has compiled a toolkit for health partners that includes key messages, a draft news release and frequently asked questions in order to assist with local preparedness efforts. The template has been distributed through KS-HAN. You can also contact KDHE's Office of Communications at [Response2014@kdheks.gov](mailto:Response2014@kdheks.gov) to receive a copy through email.

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- **Can you please guide me to the press release template you have created for local health departments?**
  - The template has been distributed through KS-HAN. You can also contact KDHE's Office of Communications at [Response2014@kdheks.gov](mailto:Response2014@kdheks.gov) to receive a copy through email.
- **Where can I go for more information about Ebola?**
  - Resources are available at [www.kdheks.gov/ebola](http://www.kdheks.gov/ebola) and <http://www.cdc.gov/vhf/ebola/>.
- **How will counties (Local Health Departments) be notified if a county resident turns out to be a contact of a case?**
  - Local health departments will be notified by KDHE epidemiologists if a county resident turns out to be a contact of a case. We do plan to utilize KS-HAN as a resource related to Ebola, but we won't be distributing information via that means beyond the immediately affected area regarding suspected cases. Local emergency managers for your county should also be notified as additional resources may be necessary and such an event, depending on the size of your community, may require activation of your county Emergency Operations Center.
- **If a single parent of a minor was taken to the hospital by EMS with a suspected case of Ebola, who would be responsible for the minor child given there are no living relatives or friends?**
  - The Kansas Department of Children and Families would be responsible for the child in this instance. You should call Prevention and Protection Services at 785-296-4653, if this does occur.
- **If we were to have a confirmed case of Ebola, would KDHE take the lead in all press related activities or should the county be developing a team to be involved in this?**
  - KDHE would be working very closely with the county and health care facility to provide guidance and assistance. If there is a confirmed case of Ebola, KDHE and the Kansas Division of Emergency Management would work to support or lead media response and communications, depending on the request of the county.
- **In the event of a confirmed case of Ebola, would KDHE set up a phone bank for members of the public to call for general questions and answers about Ebola?**
  - KDHE would provide a phone bank if necessary. During the early stages of Ebola planning and when the first cases were identified in the United States, KDHE did set up a phone bank.